			TED STATES PATOWER OF ATTOR	
My residence, pos I verily believe I inventor (if plural inven- invention entitled:	am the original, first	izenship are as state and sole inventor () of the subject ma	tter which is claimed and	that below) or an original, first and joint for which a patent is sought on the
described and claimed in	the specification:		**************************************	
Check one				
*a. 🖾 attached l		onlination No	and ame	nded on
I hereby state the as amended by any amer I acknowledge th	at I have reviewed and ndment referred to above to duty to disclose to the	understand the conve. ne Office all informa	ntents of the above-identification known to me to be n	(if applicable) ied specification, including the claims, material to patentability as defined in city benefits of the following foreign
application(s) and/or Uni		application(s) filed v	rithin one year prior to this	s application are hereby claimed:
	(a) more than one yea	ar prior to this appl	ication, or (b) before the f	filed in countries foreign to the United iling date of the above-named foreign
I hereby appoint application and to transa			with full power of substitu	ation and revocation to prosecute this
James A.	Oliff, Reg.No.27,075; V Thomas J. Pardini ICE IN CONNECTION	Villiam P. Berridge, , Reg.No.30,411; and N WITH THIS APP		
of my own knowledge as these statements were	re true and that all sta made with the knowle under Section 1001 of	atements made on dge that willful fal f Title 18 of the U	information and belief are se statements and the lik nited States Code and th	, and that all statements made herein believed to be true; and further that the so made are punishable by fine or at such willful false statements may
Typewritten Full Name	Cl			SUZUKI
of Sole or First Inventor	Given Name		Middle Initial	Family Name
**Inventor's Signature		Shingo	Suzukro 24	2001
** Date of Signature	<u>January</u> Month		Day	Year
Residence Iwata-gun			Shizuoka-ken	<u>Japan</u>

Docket No.: ___

Iwata-gun, Shizuoka-ken, Japan

State of Province

c/o Minebea Co., Ltd. Hamamatsu Manufacturing Unit, 1743-1 Asana, Asaba-cho,

Residence

Iwata-gun

(Insert complete mailing address, including country)

City Citizenship Japanese

Post Office Address

^{*}This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

^{**}Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

-PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

of Second Joint			
Inventor (if any) Koich			TOYODA
Given	Name	Middle Initial	Family Name
**Inventor's Signature		Korchi Jozoda.	2001
*Date of Signature	January	24	
	Month	Day	Year
Residence <u>Iwata-gur</u>	o	Shizuoka-ken	<u>Japan</u>
City Citizenship Japanese		State or Province	Country
		o., Ltd. Hamamatsu Manufacturing Unit, 1	743-1 Asana Asaha-cho
		izuoka-ken, Japan	
		may at Kon, Oayan	
dual coo, morating count			
Typewritten Full Name			
of Third Joint			
Inventor (if any)			
	Name	Middle Initial	Family Name
**Inventor's Signature			
*Date of Signature			
	Month	Day	Year
Residence			
City		State or Province	Country
Citizenship	00		
(Insert completing maili	-		
address, including count	ry)		
Typewritten Full Name			
of Fourth Joint			
Inventor (if any)			
	Name	Middle Initial	Family Name
**Inventor's Signature			•
*Date of Signature			
Date of Signature	Month	Day	Year
Residence		•	
City		State or Province	Country
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(Insert completing maili address, including count Typewritten Full Name	ng		
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(Insert completing maili address, including count Typewritten Full Name of Fifth Joint Inventor (if any) Given **Inventor's Signature *Date of Signature	ng	Middle Initial	
(Insert completing maili address, including count Typewritten Full Name of Fifth Joint Inventor (if any)	ng Ty)	Middle Initial	
(Insert completing maili address, including count Typewritten Full Name of Fifth Joint Inventor (if any) Given **Inventor's Signature *Date of Signature Residence City Citizenship	ngnzy) Name Month	Middle Initial Day	Year
(Insert completing maili address, including count address, including count Typewritten Full Name of Fifth Joint Inventor (if any) ———————————————————————————————————	ng	Middle Initial Day	Year
(Insert completing maili address, including count Typewritten Full Name of Fifth Joint Inventor (if any) Given **Inventor's Signature *Date of Signature Residence City Citizenship	ngny) Name Month ss	Middle Initial Day	Year

^{**} Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of attorney form of the application to which it pertains.